

REQUEST FOR SPLIT DISBURSEMENT OF TRAVEL VOUCHER PAYMENTS

Name: _____
(Last) (First) (MI)

Social Security No. _____ **Phone No. (_____)** _____

Agency: (Include Agency and Bureau) _____

Name of Individual Government Credit Card Company (check one):

☐ Bank of America

☐ Citibank

Card Number: _____ **Exp Date:** _____

I hereby authorize ARC Travel Services to make payments to the above designated credit card account in the amount that is indicated on my travel voucher. I understand that I am responsible to pay any difference that may be due the credit card company.

Signature

Date

The traveler remains responsible for payment of all charges to the Government travel charge card and should verify that payments have been credited properly on subsequent statements. The traveler should contact the charge card provider or Travel Services Branch if payments were not credited as expected. Collection of any overpayments made to the credit card company is the responsibility of the traveler.

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 210. The information is confidential and is needed to provide entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Furnishing the information requested on this form, including your social security number, if requested, is voluntary. However, failure to do so may not allow Public Debt to complete necessary procedures.

Please Return Completed Form To:

**BUREAU OF THE PUBLIC DEBT
ATTN: ARC - TRAVEL SERVICES BRANCH
200 THIRD STREET
PARKERSBURG, WV 26106-1328**

PHONE (304) 480-8000 FAX (304) 480-5579

ARC INTERNAL USE ONLY

Oracle Operating Unit _____

Site Name _____ CREDITCARD